

POLICY REQUIREMENTS BASED ON SUPPORT LEVEL

Begin policy by using the hyperlinks below. The policy template contains the minimum requirements. You can add your agency's procedures, if needed. Each policy must be submitted as a separate document. Be sure it is signed & dated (can be signed electronically). If asked to make revisions, highlight the revision so the reviewer can see the changes.

| POLICY/TOPIC | FAMILY SUPPORTS | INDIVIDUALIZED HOME SUPPORTS | | DAY SUPPORTS | RESIDENTIAL SUPPORTS | CONSULTANT (AGENCY) | OTHER SERVICES | | | |
|--|--|------------------------------------|-------------------------|---|---|--|----------------|------------------|-------------------------|--------------|
| | | INITIAL | AFTER 2 YRS. OF SERVICE | | | | TRANSPORTATION | ADULT DAY HEALTH | CAMP, PARENTING SUPPORT | PEER SUPPORT |
| | Personal Supports, Companion Supports, Respite, Individualized Day, Transportation, Blended Supports | Individualized Home Supports (IHS) | | Customized Employment Supports, Group Day (DSO), Individualized Supported Employment, Group Supported Employment, Prevocational Services, Senior Supports, Transitional Employment Supports | Community Living Arrangement, Community Companion Home, Continuous Residential Service, Live-in Caregiver, Overnight Respite Facility, Shared Living, Remote Supports | Behavioral Support Services, Healthcare Coordination, Interpreter, Subcontracting for Nursing Supports | | | | |
| HIPAA | X | X | X | X | X | X | X | | | X |
| Anti-Discrimination | X | X | X | X | X | X | X | | | X |
| Drug Free Workplace | X | X | X | X | X | X | X | | | X |
| Smoking | X | X | X | X | X | X | X | | | X |
| Use of Video and Audio Technology | X | X | X | X | X | X | X | | | X |
| Criminal Background Check | X | X | X | X | X | X | X | X | X | X |
| Sexual Offender Registry Check | X | X | X | X | X | X | X | X | X | X |
| Motor Vehicle License Check | X | X | X | X | X | X | X | X | X | |
| DDS Abuse/Neglect Registry | X | X | X | X | X | X | X | X | X | X |
| Supervision of Staff | X | X | X | X | X | X | X | | | |
| Back Up Staffing | X | X | X | X | X | X | X | | | |
| Transporting Individuals | X | X | X | X | X | | | | | |
| Emergency Response to Individuals | | X | X | X | X | | | | | X |
| Capacity to respond to emergency situations | X* | X* | X | X | X | | | | | |
| Continuity of Operations Planning (COOP) | X* | X* | X | X | X | | | | | |
| Quality Improvement Planning | X | X | X | X | X | X | | | | |
| Continuous Improvement Plan | X | X | X | X | X | X | | | | |
| Self-Assessment | X | X | X | X | X | X | | | | |
| Knowledge of approved and prohibited physical management techniques | X | X | X | X | X | X | | | | |
| Training of direct service staff | X | X | X | X | X | X | | | | |
| Training of professional staff in clinical disciplines | | | | X | X | X | | | | |
| Training of professional staff in procedures critical to their clinical role | | | | X | X | X | | | | |
| Prevention of Abuse/Neglect | X | X | X | X | X | X | X | X | | |
| Incident Reporting | X | X | X | X | X | X | X | X | | |
| Program Review/Committee | | | X | | X | | | | | |
| Human Rights/Committee | | | X | X | X | | | X | | |
| Medication Administration - this policy must be submitted as a Microsoft Word document Med Admin Policy Development Guide | | | | X | X | | | | | |
| Person Centered Planning (Individual Plan) | X | X | X | X | X | X | | | | |
| Observing, Reporting and Responding to Changes that affect individual | X | X | X | X | X | X | | | | |
| Client Funds Management | X* | X* | X | X | X | | | | | |
| Hot Water Temperature Safety | | | | X | X | | | | | |
| Safety Alert for Bathing and Personal Care | X | X | X | X | X | | | | | |
| Water Safety | X | X | X | X | X | | | | | |
| Behavioral Support Planning & Behavioral Modifying Medications (PBS Program and Behavioral Support Plans) | | | X | X | X | | | | | |